

## CHESTER SUMMER PROGRAM REGISTRATION FORM

E-Mail: [recreationinchester@yahoo.com](mailto:recreationinchester@yahoo.com) or Phone 875-3603

### CHILD INFORMATION

Name: _____		
Birthday: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>month</span> <span>day</span> <span>year</span> </div>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____
Street Address: _____		Mailing Address: _____ <i>if different</i>
City: _____	State: _____	Zip Code: _____
Telephone Number: _____	GRADE	SHIRT SIZE
E-Mail Address: _____	<input type="checkbox"/> First	<input type="checkbox"/> Youth Small
List any medical problems or prohibitions player may have:  _____	<input type="checkbox"/> Second	<input type="checkbox"/> Youth Medium
	<input type="checkbox"/> Third	<input type="checkbox"/> Youth Large
	<input type="checkbox"/> Fourth	<input type="checkbox"/> Adult Small
	<input type="checkbox"/> Fifth	<input type="checkbox"/> Adult Medium
	<input type="checkbox"/> Sixth	<input type="checkbox"/> Adult Large
	<input type="checkbox"/> Adult X-Large	

WEEKS ATTENDING:	CHECK	PAID/AMOUNT	
WEEK 1: JULY 7 <sup>TH</sup> – JULY 11 <sup>TH</sup>	_____	_____	\$75 per week/Resident
WEEK 2: JULY 14 <sup>TH</sup> – JULY 18 <sup>TH</sup>	_____	_____	\$85 per week/Non-resident
WEEK 3: JULY 21 <sup>ST</sup> – 25 <sup>TH</sup>	_____	_____	\$25 off for siblings per week
WEEK 4: JULY 28 <sup>TH</sup> – AUG. 1 <sup>ST</sup>	_____	_____	
TOTAL			_____

### PARENT/GUARDIAN INFORMATION

Fathers Name \_\_\_\_\_ Cell/work Number \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell/work Number \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_ Emergency # \_\_\_\_\_

Doctor to notify in an emergency \_\_\_\_\_ Phone # \_\_\_\_\_

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medial care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant recognize the possibility of physical injury associated with this program. I hereby release, discharge and/or otherwise their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature \_\_\_\_\_ Date \_\_\_\_\_